BEST AVAILABLE COPY

PATENT	APPLICA	ATION FEE	DETERMIN	ATION	RECORD
PAICINI	AFFLICI	ALION FEE	DETERMINE		necond

Effective October 1, 2000

Application or Docket Number

360044.401

CLAIMS AS FILED - PART I								SMALL ENTITY			OTHER THAN	
			(Column 1)		(Column 2)		TYP	TYPE		OR	SMALL ENTITY	
TOTAL CLAIMS		45					ATE	FEE		RATE	FEE	
FOR		NUMBER FILED		NUMBER EXTRA		BAS	IC FEE	355.00	OR	BASIC FEE	710.00	
TOTAL CHARGEABLE CLAIMS			45 minus 20=		· 25		х	\$ 9=	225	OR	X\$18=	
INDEPENDENT CLAIMS			3 minus 3 =		· 4		X	40=	(OR	X80=	
MULTIPLE DEPENDENT CLAIM PRESENT						+	135=		OR	+270=		
* If the difference in column 1 is less than zero, enter "0" in co				olumn 2	TC	OTAL	580	OR	TOTAL			
CLAIMS AS AMENDED - PART II									•		OTHER	THAN
(Column 1) (Column 2) (C					(Column 3)	SN	ALL E	NTITY	OR	SMALL	ENTITY	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA	R	ATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=	X\$ 9=		:	OR	X\$18=	
	Independent	* NTATION OF MU	Minus	***	F.CL AINA	=	X	40=		OR	X80=	
<u> </u>	FIRST PRESE	NIATION OF MI	JUIPLE DE	PENDEN	CLAIIVI		+1	35=	·	OR	+270=	
•, •			·			TOTAL		OR	TOTAL			
٠.		(O a la como d.)		(0-1	O\	(O - l 0)	ADD	T. FEE		J	ADDIT. FEE	•
_		(Column 1) CLAIMS	Adams .	(Colu		(Column 3)				! 1		
AMENDMENT B		REMAINING AFTER AMENDMENT		NUM PREVI PAID		PRESENT EXTRA	R	ATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=	X	\$ 9=		OR	X\$18=	
AME	Independent	*	Minus	***	F CL AINA	=	Х	40=		OR	X80=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+1	35=		OR	+270=	
								TOTAL T. FEE		OR	TOTAL ADDIT. FEE	
		(Column 1)		(Colu	mn 2)	(Column 3)	ADDI	1. FEC.		•	ADDIT. FEET	
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	IEST BER OUSLY	PRESENT EXTRA	R/	ATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=	XS	5 9=		OR	X\$18=	,
ME	Independent	*	Minus	***		=	 _	40=			X80=	
<u> </u>	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								OR	7,002		
+135= OR +270=												
••	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." **If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." **If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."											
The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.												